

January 17, 2017

Ms. Sharon Williams
Disability Determination Services
P.O. Box 6442
Any Town, YY 12345

Re: Annette Farnsworth
DOB: 9/1/62
SSN: XXX-XX-XXXX

To Whom It May Concern:

Ms. Annette Farnsworth is a 54-year-old, divorced, Caucasian female who has a lengthy history of homelessness and untreated psychotic illness. She has a current and formal diagnosis of schizophrenia and independently reports numerous physical health conditions including: “Franchrascicon Broyde” cysts, cerebral palsy, polio, leukemia, and tumors. Medical providers have not confirmed these physical health conditions.

Ms. Farnsworth has a very short, unstyled cut to her hair, and she tends to dress in long pants, loose fitting shirts, and boots. Her clothing is unclean and malodorous, and she has dirty fingernails. Her volume of speech is low. She is 5' 6” and reports weighing 125 pounds, noting “I’ve always been sickly– unhealthy looking.” She wears dentures and has small round scars on her right arm that she describes are “black beads that came up through the arm because of the leukemia. They’re highly deadly. This happens when I get near a church.” Ms. Farnsworth’s conversation is confusing and difficult to follow due to tangential and delusional thought processes. Factual information is interspersed with psychotic thoughts so the history is confusing and unclear. She speaks very sincerely, with sadness and pain, as she describes the number of health difficulties that she has had and continues to have.

Ms. Farnsworth was originally referred to the Somerset Case Management and SSI Program (Somerset) in February 2014. She was seen by case management staff at Project Believe, a drop-in center for individuals who are experiencing homelessness and who have serious and persistent mental illness. However, she disappeared from that center before her application could be completed and did not return. Prior to this referral, she had been receiving treatment from Holy Cross Mobile Treatment Program. They lost contact with her as well. Further contact attempts from Project Believe, Health Care for the Homeless and other sources were unsuccessful.

In November 2016, the Somerset Program Director reconnected with Ms. Farnsworth. Immediate follow-up was arranged to which Ms. Farnsworth agreed, and we have finally been able to stay connected with her and complete the process. Ms. Farnsworth has a history of missing medical appointments and losing contact with providers due to the symptoms of her mental illness.

Personal History

Ms. Farnsworth was born and raised in Richmond, VA by her mother and never knew her father. She said that she has two younger brothers and one younger sister but that she never grew up with them. She said that, when she was 18 months old, her mother took her to Texas. There, she was hit by a “cyclone/tornado/hurricane” and “was thrown” by the storm and “got hurt. Got a brain infection and I was in a coma from then until I was 4 years old.”

When her mother found out how sick she was, Ms. Farnsworth said, and she found out that Ms. Farnsworth’s neck and back were fractured and that she had “polasia, which is part of leukemia” and “needed to be in a quiet place,”

her mother called several states. She finally found help in central Maryland and took Ms. Farnsworth to stay with a male “guardian,” whom she lived with until she was 23. Ms. Farnsworth said, “He says I’m an orphan and Lynette [her mother] was his friend and found me and gave me to him.” She has not spoken with her mother in 16 years and is uncertain if she is still alive.

Ms. Farnsworth was married at age 26, she has 3 children, all of whom were removed from the home and raised in foster care. She hasn’t had any contact with her children because “I have been too sick to see them.” She said that all her children were “a surprise” and “they have disabilities.” Ms. Farnsworth states, “I’m going to get healthy so I can get my kids back [from foster care]. They need to be with their momma.” However, all of her children are over the age of 18 and no longer in the foster care system. Ms. Farnsworth said that she was married for 9 years and divorced in 1997.

Ms. Farnsworth first experienced homelessness after her marriage ended and said she “bounced around” between friends’ houses for a few years but could not remember details. From approximately 1998 to 2003 she lived with a boyfriend and described the relationship as “horrible...he would keep me in the house all day and I couldn’t talk to doctors or no one. He was trying to keep me sick. One day I just left.” Ms. Farnsworth reports that she stayed in local shelters until she received a Section 8 subsidized apartment, which she kept until 2013 when she missed her recertification appointment and lost her voucher. Ms. Farnsworth has been staying in local shelters and on the streets ever since.

Education

Regarding her education, Ms. Farnsworth said that she left school at age 15, in the 10th grade. She said that she was in special education. The last school she attended was Transit High School, where she was for one year. She said that she was “too sick” to stay there, and the principal “said I should be on leave.” She said, “I was bleeding in school” and “couldn’t see.” She said that she “left. I didn’t quit.”

Work History

According to Ms. Farnsworth, she has not been able to work over the last three years because of being too sick. Before 2014, according to Ms. Farnsworth, she worked from time to time stocking shelves in various stores. She first worked at the Dollar Tree and was there, working part-time, from 2006-2009. She was laid off after the other workers reported to her boss, she said, that she was putting the wrong items on the wrong shelves. She began working in early 2010 at the FoodRite warehouse and also stocked shelves there. She started working full-time but could not work that much because, she said, she became too exhausted. She was then changed to part-time work and stayed there until 2011. She was let go from this job, she said, because she took too much time off sick. In 2012, she worked again stocking shelves, for Dollar General. She worked part-time once again, about 25 hours/week, and stayed there for about 6 months and quit because of the “tumor growth,” she said. Finally, in 2014, she worked part-time for CVS stocking shelves and was there for 8 months. She was let go, once again, as, she said, her co-workers told her boss that she was too slow and put the wrong items on the wrong shelves. She has not worked since late 2014.

Legal History

In March 2016, Ms. Farnsworth was charged with loitering and public nuisance. Records from County Jail document that Ms. Farnsworth was sitting on a park bench talking loudly and incoherently to herself when police received complaints from local businesses. Officers document that she was speaking “rapidly about needing the fresh air for her cysts and tumors” and refused to answer the officers’ questions or leave the park. Ms. Farnsworth was held in County Jail for 72 hours and was referred to Holy Cross for mental health services. Ms. Farnsworth has no other legal history or outstanding warrants.

Physical Health

Ms. Farnsworth presents a confusing and fractious history of physical health problems. These conditions have not been verified in medical records and may be symptoms of her delusional thinking. Ms. Farnsworth said that she is being treated at Charity Hospital for “Franchrascicon Broyde” cysts and sees a Dr. Miller there. She said that she had an operation there to try to find these cysts; she still has a cyst under her rib cage and treats this with aspirin, special food, fluids, vitamins, ice, and Sudafed. She said that she had a chromosome analysis at the Washington Optical Clinic at Taylor Evans Hospital because she is going blind. She said that she had a stroke after the operation and was in South Christian shelter. She said, there, she “dropped dead” and was “told to go in the fresh air.”

Regarding her medical history, Ms. Farnsworth also said that she was diagnosed with cerebral palsy and polio at birth. She said she had leukemia and is waiting for treatment at Tyler Hospital. She also described being partially deaf and said she had lost her voice as well. She reports receiving treatment between Union Hospital, Taylor Evans Hospital, and Charity. She said she also has “dwarfisms that cause her to grow tumors. After I get rid of one, I grow another. I smell because of the drainage.” Ms. Farnsworth also said that doctors keep “looking for the cerebral palsy tumors that keep me stupid. I have to eat special food and special water.” In March of this year, Ms. Farnsworth reported having tumors that are coming out through her bowels and are quite painful.

The medical conditions that she reports have not been verified through medical records collected by this author.

Substance Use History

Ms. Farnsworth states that she first tried alcohol at age 17, but “didn’t like it.” She did not begin to drink alcohol regularly until she moved in with a boyfriend in 1998. She states, “I was so worried about being alone all the time and afraid I was going to die. Every day I thought the tumors were going to get me and it was the only thing I could do to make my head stop spinning so fast.”

In April 2004 Ms. Farnsworth first entered treatment for alcohol use at The Addiction and Recovery Center and remained sober for 90 days. This writer was unable to access these records. When asked how she felt during treatment, Ms. Farnsworth states, “They make you go to groups. I hated it. All those people staring at you. No one leaves you alone and I couldn’t get my head quiet. I get too anxious.” Ms. Farnsworth continued to use when she was feeling anxious or experiencing racing thoughts.

Ms. Farnsworth has not received additional alcohol use treatment and reports, “Anytime I tried to get someone to talk to me, when they found out I didn’t have money they just turned me away. One place said they could help, but had all these papers to fill out. I didn’t understand the words and all those people in the waiting room. I just needed to get away so I ran out and never looked back...I got tired of people telling me I got mental things going on with me. No one understands me. It’s just easier to go get a drink, escape, and numb everything.”

Currently, Ms. Farnsworth reports that she drinks a fifth of vodka every 4-5 days, but states that there are some days she does not drink at all. When asked how she feels on those days she responds, “That is when I don’t have any money. I just stay in my room with the lights out and make it real quiet and dark. Everything feels hopeless, like the tumors are going to get me and there’s too many thoughts in my head. But it doesn’t matter, drinks or no drinks, my head never slows and I get so down because I can’t make it stop.”

Psychiatric History

Ms. Farnsworth said that she has had “depression of the heart” since she was five years old. She reports no psychiatric hospitalizations. She said that she was seen at Taylor Evans for psychiatric outpatient treatment and at Freedom Hospital for “psychiatry with dentistry.” She also said that she received case management services through Freedom Hospital. She said that the case manager “took me to the hospital for a psychological

investigation.” She was to receive medication and said her case manager “went to get the medicine and never came back.”

Both Freedom Hospital and Taylor Evans have no records of treatment of Ms. Farnsworth. On 3/25/16, Ms. Farnsworth was interviewed by the director of the mobile treatment program (MTP) at Holy Cross and was accepted for admission. The interview took place on the street. For the rest of the month of March, she was seen two more times by the mobile treatment therapist but was not very cooperative.

On 4/2/16, Ms. Farnsworth was scheduled to see a psychiatrist at the MTP. She was seen on this date by her therapist on the street but refused to see the psychiatrist. She was rescheduled for 4/9/16. However, on that date, she again refused and was finally seen for an evaluation on 4/16/16. On that date, she had her initial treatment plan completed, was diagnosed with a psychotic disorder NOS, and prescribed Zyprexa, 10 mg each day. Other diagnoses under consideration were delusional disorder, somatic type and alcohol abuse.

On 4/18/16, Ms. Farnsworth was again seen on the street by her MTP therapist/case manager. The MTP staff attempted to transport Ms. Farnsworth to the treatment center for her physical health concerns, but she refused. She was transported to a drop-in program where she was able to shower and change clothes.

On 4/23/16, the MTP staff could not locate Ms. Farnsworth. Another attempt on 4/30/16 was also unsuccessful. She did not keep any scheduled appointments from mid-April to the end of May 2016.

In May 2016, Ms. Farnsworth was seen once, early in the month, by her MTP worker. Further attempts were made to locate Ms. Farnsworth on the street, at the drop-in center and in the downtown area but were unsuccessful. Her case was then closed on 5/31/16 because of lack of contact.

In July 2016, she reported no treatment for three months.

Ms. Farnsworth said that she takes Theragran and Chlortrimeton. She said the chlortrimeton (an antihistamine) “goes after the tumor. It's a brain medicine devised to be electrical stimulation to freeze dry or move or make the tumor flow away. One wrong move with it and you just explode. I keep on trying to bust that tumor.”

On 10/3/16, Dr. Sagamore, of the Union Hospital ACT Team, and Ms. Harriet Jones, case manager with the Somerset program, met with Ms. Farnsworth at Project Believe. Ms. Farnsworth had missed one appointment with Dr. Sagamore but did keep this appointment on time. The evaluation notes: Ms. Farnsworth “...appears a little older than her stated age. She was disheveled, wearing soiled clothes and multiple layers; she was somewhat malodorous. She made good eye contact. Speech was normal pace and volume...Ms. Farnsworth's mood was euthymic, affect was odd and somewhat restricted. Thought processes were quite disorganized, circumstantial, tangential and occasionally loose. Ms. Farnsworth's thought content was largely focused on a variety of apparently delusional somatic concerns; she reports cancer which traveled from her head to her spine to her stomach, dermatology issues and problems with her feet. She reports that all of these issues are being treated by the 'crematology department' at Taylor Evans. Ms. Farnsworth did not report hallucinations. There was no evidence of dangerousness to herself or others although her ability to care for herself at this time is marginal. Ms. Farnsworth was alert and oriented to person, place, time and situation. She does not have insight into her psychiatric illness and her judgment is impaired.” Dr. Sagamore diagnosed her with schizophrenia, chronic undifferentiated type and prescribed Zyprexa.

Ms. Farnsworth attended two medication management appointments with Dr. Sagamore in March and April 2017. Dr. Sagamore documented that she “feels that the Zyprexa is causing the tumors in her body to grow more quickly. Has been refusing to take medication. Continues to display disorganized and tangential thought pattern.”

The treating staff discontinued Zyprexa and prescribed Risperdal. Ms. Farnsworth failed to attend any scheduled appointments after this date and did not refill her medication. Treating staff and case managers lost contact with her and closed her case.

In December 2016, the Somerset Program Director reconnected with Ms. Farnsworth and engaged her in treatment. Dr. Sagamore completed another psychiatric evaluation and confirmed her diagnosis of schizophrenia, chronic undifferentiated type, and prescribed Risperdal. She documented that she continues to take Theragra and Chlortrimeton in response to her belief that she is treating brain tumors.

Dr. Sagamore recommends that Ms. Farnsworth utilize a representative payee for her SSI benefits. Dr. Sagamore writes: "Ms. Farnsworth is currently quite psychotic, delusional and disorganized. She is homeless and living on the streets. She is too disorganized to be able to handle her funds to meet basic needs such as food, shelter and clothing."

Functional Information

Due to the symptoms of her mental illness, particularly delusions, paranoia, anxiety, and disorganized thought patterns, Ms. Farnsworth displays significant impairments in all areas of functioning which have contributed to her inability to perform daily activities or sustain work.

Understand, Remember, or Apply Information

Cognitively, Ms. Farnsworth has an extremely difficult time remembering tasks such as appointments. She is so preoccupied with her physical health concerns that they often consume all her attention. She remarks, "Sometimes, right after one of these episodes, I can forget everything and have to relearn it." She pays close attention but does not seem able to repeat what someone has said to her. Ms. Farnsworth's conversation is confusing and difficult to follow due to tangential and delusional thought processes. Factual information is often not understood by Ms. Farnsworth which results in frequent missed appointments and losing contact with providers due to the symptoms of her mental illness. For example, she was laid off after the other workers reported to her boss, she said, that she was putting the wrong items on the wrong shelves because she was unable to following simple instructions. She was let go, once again, as, she said, her co-workers told her boss that she was too slow and put the wrong items on the wrong shelves.

Interact with Others

Socially, Ms. Farnsworth isolates herself from others and has no contact with family. She said that she has friends but doesn't know their names, addresses, or phone numbers. Ms. Farnsworth easily becomes frustrated around other people. At the emergency shelter one night, she became quite agitated and almost required intervention to go to the hospital. She was able to calm down, however, after mediation by the shelter crisis team. She becomes upset easily and her conversation becomes even more confusing and hard-to-follow. In these instances she speaks rapidly, raises her voice, and becomes animated with her arms. She appears to be trying to communicate clearly but is not doing so. She becomes very frustrated when others don't follow what she is saying.

Concentrate, Persist, or Maintain Pace

Ms. Farnsworth is also suspicious of others, talks about having to pay attention to all the people around her who might "make me sicker." The need for this heightened level of vigilance makes it even more difficult for Ms. Farnsworth to focus on and complete tasks. Ms. Farnsworth has lost numerous jobs in the past due to difficulty with completing tasks and following directions. Her co-workers often reported that she worked at a slower pace which resulted in her termination.

Adapt or Manage Oneself

Ms. Farnsworth reports that in a typical day she “stays out in the fresh air.” She has no regular shelter and sleeps outdoors. She eats at a soup kitchen, usually Bread & Bananas. She might walk to the Outer Bay Harbor. She said, “I’ve been asked to stay where there’s a lot of people so I go there. People give me food. It’s been spiritual.” At 10-11 p.m., she leaves downtown and “comes back to the neighborhood.” “Every day is the same,” Ms. Farnsworth said. According to Ms. Farnsworth, she knows how to cook frozen dinners, canned vegetables, and soup. However, she states that cooking will create more tumors, so she has not done this in a few years. She said that she receives food stamps and eats mostly at the 7/11. She said, “I like to eat a lot of food. I have a touch of cholera that has lots of acid and I have to eat 2-3 meals to get enough food. The food acts like a bumper to knock the tumor out.” She does not use a phone, phone directory and does not shop or clean. When she can, she washes her clothes at Project Believe. She reported last showering “four months ago because I was told to stay dry. But I’ve been out in the rain and that washes my face and hands each day.” Ms. Farnsworth feels that she can manage funds on her own because she has a “bank with me.” However, as noted above, Dr. Sagamore documents that she is unable to handle her own funds or meet her basic needs. She walks everywhere but describes having pain in her legs and having difficulty walking.

Ms. Farnsworth’s mental illness is currently untreated and ongoing. There is evidence of this in reports from the Union County Hospital ACT team and collateral information from Project Believe and past employers. Each of these sources notes that Ms. Farnsworth displays paranoia, delusional thought processes, and fear about her physical health with acute episodes emerging about every 90 days. During an episode, Ms. Farnsworth will access treatment and medication, which results in temporary stability. However, she repeatedly misses appointments resulting in lack of access to psychiatric medication and decompensation.

Dr. Sagamore recommends that Ms. Farnsworth utilize a representative payee for her SSI benefits. Dr. Sagamore writes: “Ms. Farnsworth is currently quite psychotic, delusional and disorganized. She is homeless and living on the streets. She is too disorganized to be able to handle her funds to meet basic needs such as food, shelter and clothing.”

Summary

Ms. Farnsworth is a 54 year old, Caucasian female who has a lengthy history of homelessness and persistent mental illness since childhood. Ms. Farnsworth has a diagnosis of schizophrenia, chronic undifferentiated type. She reports physical health problems such as “Franchrascicon Broyde” cysts, cerebral palsy, polio, leukemia, and tumors. These physical health conditions have not been confirmed by treatment providers. Ms. Farnsworth’s symptoms include: delusions, paranoia, anxiety, impulsive behavior, disorganized thoughts, confusion, and irritability. Due to the symptoms that she experiences from her mental illness, Ms. Farnsworth displays significant impairments in all areas of functioning. She has been unable to maintain stable housing and has been unable to maintain employment since late 2014.

If you have any questions, please call Ms. Jones at 444-444-4444 or Dr. Sagamore at 444-555-5555.

Sincerely,

Harriet Jones, MSW, LCSW-C
Somerset Case Manager

Marianne Sagamore, MD
Psychiatrist